

MISSOURI DEPARTMENT OF REVENUE MOTOR VEHICLE BUREAU FLEET REGISTRATION PO BOX 2076, JEFFERSON CITY MO 65101-2076 (573) 751-0426

FORM **5261**

REQUEST FOR FLEET PLATES WITH COMPANY NAME OR LOGO DESIGN

REQUEST FOR FLEET PLATES WITH COMPANY NAME OR LOGO DESIGN (REV. 12-2010)							
This form needs to be completed when requesting a fleet plate containing your company's name/logo.							
FLEET OWNER NAME:				DATE: / /			
CONTACT NAME:			FLEET NUMBER:		CONTACT'S PHONE NUMBER:		
CONTACT'S E-MAIL ADDRESS:					CONTACT'S FAX NUMBER:	<u> </u>	
					l()		
Indicate the number of plates needed in each category. Requires a \$5.00 charge per vehicle.							
Passenger	Bus	Motorcycle		Land Improvement			
6,000	12,000	18,00	00	24,000 26,000)	
30,000	36,000	42,00	00	48,000 _	54,000		
60,000	66,000	73,00	73,000 78,000		80,000	80,000	
		INST	RUCTIONS				
Complete request f	or Fleet Logo Plates and m	nail to:					
Missouri Department of Revenue							
Motor Vehicle Bureau							
Attention: Fleet Registration PO Box 2076							
Jefferson City, MO 65101-2076 (Allow 21 days for new plates					ew plates to arrive)	
Name as Shown	on Credit Card						
Name as Shown on Credit Card							
Credit Card Number							
Credit Card Expiration Date							
Authorized Signature							
Addition26d Oight	A service fee w				card		
Hann annulation				_		(a) a wala wa al	
Upon completion,	this form will be returned t	to you v	ı				
					documents when in the Central Office	-	
If you wish to obtain your logo plates from a License Office, indicate which office here:			Application for Title and or License (DOR-108);				
			2. Assigned title or Certificate of Origin;				
			_		Inspection if applicable) ;	
			4. Persor	nal Property	Tax Receipt;		
5. Proof of Insurance; and							
			6. Appropriate fees				
Department of Rev	enue Use Only:						
Tracking Numb	oer						
Plate Number(s) Ordered						
Date Plate(s) 0	Ordered						